

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3069AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/28/2009
NAME OF PROVIDER OR SUPPLIER SUNSHINE RETIREMENT HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 316 LACY LANE LAS VEGAS, NV 89107		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 4/28/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility was licensed for nine Residential Facility for Group beds for elderly and disabled and or persons with chronic illnesses, four Category I and five Category II residents. The census at the time of the survey was eight. Eight resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of C. The following deficiencies were identified:	Y 000	<i>Acceptable Poc</i> <i>D. Sampson</i> <i>5/18/09.</i>	
Y 693 SS=F	449.2712(2) Oxygen-Caregiver monitor resident ability NAC 449.2712 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician. (b) Ensure That: (1) The resident's physician evaluates periodically the condition of the resident which	Y 693	<i>Y693</i> <i>a. The Facility Administrator</i> <i>Secured the three Tanks</i> <i>of oxygen in the Garage</i> <i>by providing A RACK.</i> <i>Notified The Oxygen company</i> <i>Provider FOR PICK-UP by</i> <i>calling the # 702-643-1358,</i> <i>State's Medical Equipment</i> <i>will also provide us a</i> <i>Rack for E tank.</i>	

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *freely*

TITLE Administrator

(X6) DATE 5/7/0

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Y 859	Continued From Page 3 This RULE: is not met as evidenced by: Based on record review on 4/28/09 the facility failed to ensure 2 of 8 residents received an annual physical (Resident #5, and #7). Severity: 2 Scope: 2	Y 859	Y859 B. Whenever Resident is Admitted to the Facility Admission Requirements should be checked to see all necessary requirements are complete upon Admission. The Facility Administrator will perform Facility Audit every 6 months to make sure all annual requirements are updated. The Admitting Personnel/Staff/Administrator will monitor for compliance. c. 5/8/2009	
Y 878 SS=D	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This RULE: is not met as evidenced by: Based on record review and interview on 4/28/09, the facility failed to ensure 1 of 8 residents received medications as prescribed (Resident #1). Documentation was not available for physician notification of resident refusal of potassium chloride.	Y 878	Y878 a. Resident #1 Primary Care Physician Notified about the medication Refusal. Physician Ordered to Discontinue the Medication. Order Noted at Caregivers Notes and Carried Out. Resident #1 made aware. (see attachment # 2)	

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Y 878	Continued From Page 4 Severity: 2 Scope: 1	Y 878	<i>Y878</i> <i>B. whenever Resident will Refuse medication, caregiver in charge for medication will notify the Administrator in order to inform the physician about the Refusal.</i>	
Y 885 SS=E	449.2742(9) Medication / Destruction NAC 449.2742 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Flushing contents of vials, bottles or other containers into a toilet shall be deemed to be an acceptable method of destruction of medication.	Y 885	<i>caregiver to Document any changes utilizing the Caregiver's Notes. (See attachment # 2)</i> <i>c. 4/29/09</i>	
	This RULE: is not met as evidenced by: Based on observation and interview on 4/28/09, the facility failed to destroy medications after they were discontinued, had expired or after a resident had been transferred.			
Y 908 SS=D	449.2746(2)(a)-(f) PRN Medication Record NAC 449.2746 2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the	Y 908	<i>Y885</i> <i>a. Discontinued medications were destroyed utilizing the Medication Destruction Record by the Administrator and witness by the Staff. (See attachment # 3)</i> <i>B. the Facility Staff and administrator will check the medication Cabinet for any discontinued meds. And also if Residents is being discharge or transferred to different facility medication will be destroyed.</i>	

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Y 908	Continued From Page 5 medication: (a) The reason for the administration. (b) The date and time of the administration; (c) The dose administered; (d) The results of the administration of the medication; (e) The initials of the caregiver; and (f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician. This RULE: is not met as evidenced by: Based on record review on 4/28/09, the facility failed to ensure the medication record was complete for 1 of 8 residents receiving as needed (PRN) medications (Resident #2) Severity: 2 Scope: 1			Y 908	<p>Y885 The Facility will monitor its correction every month or every time if there is any changes/discharges. The Facility Administrator will monitor per compliance. c. 4/30/09 (see attachment # 3)</p> <p>Y908 a. The Administrator and the caregiver assigned to manage medication will use the PRN Medication Log to Record PRN Meds Order (see attachment # 4)</p>		
Y 936 SS=F	449.2749(1)(e) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.			Y 936	<p>b. The Facility will use attachment # 4 to Record PRN medications. assigned staff will monitor every 25th day of the month when RECAP is being done. Administrator to monitor for compliance. c. 4/29/2009</p>		

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Y 936	Continued From Page 6 This RULE: is not met as evidenced by: Based on record review on 4/28/09, the facility failed to ensure 1 of 8 residents complied with NAC 441A.380 regarding tuberculosis (Resident #7) which affected all residents. Severity: 2 Scope: 3	Y 936	<p>Y936</p> <p>A. Resident # 7 was scheduled for 2 steps PPD Test. For the 1st step it was scheduled on 5/8/2009 and 2nd step will be followed as ordered.</p> <p>B. Whenever Resident is Admitted in the Residential Care Facility Required TB Test Prior to Admission will be submitted. In compliance with NAC 441A.380 Facility Policy will include the TB Test Prior to Admission. Without TB Test, Admission will be pending in order to prevent re-occurrence. Facility Audit Every 6 months To monitor for compliance. Administrator will be responsible. (See attachment #5)</p> <p>C. 5/21/2009</p>	

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